

Supplement One – 4/02 *This supplement provides information in addition to the original guideline.*

To: (Individual's Name, Address and Date of Birth)

In accordance with HFS 145.10(12), I, _____, (*Local Health Officer*) Health Officer for _____ (*City/County*) Health Department, order you to receive a Mantoux tuberculin skin test free of charge as arranged by _____ . Call _____ (*contact name*) at _____ (*phone number*) to make arrangements to receive this test or with any questions you have about this order.

Circle one: a.) Health Officer form b.) Client form